



Communicable Disease Branch Coronavirus Disease (COVID-19) and Monkeypox Monthly Key Points

August 9, 2022

The North Carolina Division of Public Health (NC DPH) Communicable Disease Branch will be releasing key points that includes information discussed on the monthly Tuesday Local Health Department call. Please use the information below as a summary of the topics presented on the call. As guidance changes, please use the most recent information provided. For questions, contact the NC DPH Communicable Disease Branch 24/7 Epidemiologist on Call at **919-733-3419**.

Important Updates

Available online at <https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/coronavirus.html>

- **New:** NCDHHS LHD Monthly Webinar 8 9 2022.pdf

Links

- **Video recording** -<https://youtu.be/3ONh2NkTA1w>

Attachment

- Jynneos Shelf life letter.pdf

COVID and Monkeypox Updates

COVID:

- Continued high activity seen in all metrics, mostly BA.5 subvariant
- Also continuing to see lower case-fatality rates than in previous wave
- Expect increased activity in fall, possibly sooner if a more transmissible variant/subvariant emerges

Monkeypox:

- Continued increase in NC, US and globally
- NC cases and demographic data [here](#). Nearly all monkeypox cases in North Carolina have been in men who have sex with men, consistent with findings from other jurisdictions.
- Black/African American men disproportionately impacted. Demographic data from cases, persons tested at SLPH, and vaccine recipients to be shared publicly this week.

SLPH

Monkeypox Testing Bullets:

- Indeterminate results are increasing. Ensure lesions are swabbed vigorously to collect an adequate specimen.
- Ensure the [DHHS 5010: BT and Emerging Pathogens Clinical Form](#) is completed in its entirety before specimen submission.
- Specimens can now be submitted to SLPH through the NC Department of Administration Courier, UPS, or FedEx.

Treatment Update

COVID Therapeutics:



- Bebtelovimab moving to commercial marketplace on 8/15
- “Free” state allocations expected 8/15 (full) and 8/22 (partial)
- Developing plan to reserve these remaining free allocations for uninsured individuals as much as possible.
- Paxlovid, Molnupiravir and Evusheld remain available through state allocation system at no cost and with no current supply issues

Monkeypox Therapeutics:

- Oral TPOXX preferred treatment for monkeypox infections for those with severe infections or at high risk for severe infections. | [CDC Guidance](#) | [NC DHHS Interim Guidance](#)
- Expanded Access – Investigational New Drug (IND) Protocol held by CDC allows for use as monkeypox treatment in any age
- Paperwork associated with IND should not delay treatment. ONLY informed consent form needs to be signed before initiating treatment.
- TPOXX is not eligible for nurse dispensing. Can be dispensed from a pharmacy or from MD, PA or NP office (assuming there is no charge for the dispensing or product)
- Providers interested in having TPOXX on-hand can submit a request using:
<https://app.smartsheet.com/b/form/60a79b40b4f044a18688a76b4698b2a4>

Monkeypox Vaccine Update

- [NC DHHS Monkeypox Vaccine Toolkit](#)
- [NC DHHS Monkeypox Vaccine Enrollment and Capacity Survey](#)

Question & Answer

COVID-19

Q. The school guidance is very contradictory. One says to do contact tracing and another says it is not recommended. What are we supposed to go by? If we have a positive, we have noticed that the contacts can stay in school as long as they are asymptomatic. What if they refuse to wear a mask and the school is not in the test to stay category?

A. Individual contact tracing and exclusion from school after an identified exposure (regardless of location of exposure) is no longer recommended statewide in K-12 schools. Guidance for specific situations is available at <https://covid19.ncdhhs.gov/media/4333/open> . Masking is still recommended for 10 days after known exposure. Schools could opt to exclude exposed students who refuse to mask, but this is a recommendation and not a requirement from the state level.

Q. Will schools accept home test results?

A. NCDHHS guidance is that at-home test results can be used for public health purposes, including for exclusion and for identifying and responding to clusters.

Q. If a person is rapid antigen positive and has a negative test in 5 days, can they return to work/school without a mask? I'm seeing patients not wearing a mask b/c they test negative.



A. The guidance is unchanged that if a person tests positive (regardless of a follow-up negative test), the person should continue to wear a mask for 10 days: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>

Q. Patients are asking for COVID/FLU shot for this season. Is there any way that can happen this year?

A. COVID-19 vaccine can be co-administered with other vaccines including flu vaccine. We encourage those eligible for COVID-19 vaccine or boosters to be immunized along with the flu vaccine this season.

Q. Is there any movement to "normalize" COVID now that it is endemic? such as no longer requiring communicable disease reporting?

A. No. COVID reporting rules have been added to the NC Administrative Code by the Commission for Public Health. There are many other ways in which the response has changed, some of which are summarized here: <https://covid19.ncdhhs.gov/media/3913/open>.

Q. May I get the most up to date link for COVID vaccination administration error guidance? Including Novavax.

A. <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html#:~:text=Appendix%20C.%20Vaccine%20administration%20errors%20and%20deviations>

Q. If a child rec's first dose of Moderna vaccine at age 5, and turns 6 prior to second dose, MUST they receive the 6-year-old dose for the second dose? (IF LHD does not stock the 6-11 year old Moderna product, wondering if they need to be referred elsewhere).

A. That is an allowable exception.

Q. With the recent "sunsetting" of strong schools, should we anticipate that childcare strong will be sunset as well?

A. There are no current plans to sunset the ChildCareStrongNC COVID guidance. It was just updated last month.

Q. Should Pre-K students/programs follow the ChildCareStrong for COVID guidance?

A. Yes, Pre-K students & programs should continue following the ChildCareStrongNC Public Health Toolkit.

Q. Is there any discussion about changes to COVID quarantine? With the number of breakthrough cases we are seeing, differentiating between vaccination status (including boosters) when making recommendations about quarantining as is in the CDC guidance seems behind the times. The inconsistency across settings (schools/childcare vs. other workplaces) adds to the confusion. Is it time to focus on isolation when you're sick and mask/maintain a supply of rapid tests for if you are exposed/have symptoms?

A. We don't have current plans to change quarantine recommendations. We are happy to hear your input. Thank you for sending your thoughts.

Monkeypox

Q. How will the information regarding monkeypox cases and vaccinations be shared with local health departments?

A. The DHHS is preparing a report on this topic that will be released tomorrow. As well daily case counts can be found at <https://www.ncdhhs.gov/divisions/public-health/monkeypox>



Q. Are women eligible to receive vaccine for monkeypox yet? (ie, including female sex workers)

A. Current monkeypox vaccine criteria are [here](#). In NC, 100% of cases so far have been in men so we are prioritizing MSM at this point.

Q. Do we need to decap vesicles for collection?

A. No, you just need to scrub the lesions vigorously to obtain a good specimen. If you happen to decap the vesicle, great, soak up all the lesion's fluid with the swab; and if there is a scab and you happen to unroof it with your vigorous rubbing, include the scab in the specimen tube with the swab.

Q Which large medical centers in NC are offering monkeypox testing in-house?

A. The UNC main lab went live with testing last week. Others are working on developing tests, and we will share information as we learn more.

Q. Do we anticipate an EUA for Jynneos in children?

A. Jynneos can be used in children under EUA. The vaccine toolkit has information to assist.

Q. Will FQHCs be getting vaccines?

A. If an FQHC wants vaccine they can complete an enrollment request form and work directly with a hub LHD to receive vaccine. <https://app.smartsheet.com/b/form/618908b6cf2b4817bda6d726d6484dad>. There might be opportunities for direct federal allocation to FQHCs and other HRSA-funded clinics as vaccine supplies increase.

Q. There are concerns that if we expend 90% of our Jynneos doses by 8/12, we will not have enough doses for second doses/appointments for the week of 8/15. Any insight on when we might get more?

A. We do want you to schedule 2nd doses and right now anticipate having enough vaccine in the State to complete the series. Feel free to reach out to your hub for additional doses if needed.

Q. If we haven't received an allocation of vaccine, how do we advertise to at risk populations? Should a wait list be started to show the need?

A. You can share the Jynneos provider location list

<https://epi.dph.ncdhhs.gov/cd/diseases/monkeypox/MPXVLocations.html> . Also check with your regional hub about getting vaccine.

General

Q. Does NCIR data feed into NCEDSS/NCCOVID?

A. No. Staff at the state upload data from CVMS into NCCOVID but it does not go into NCEDSS right now.